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United States Bankruptcy Court District of Nevada, Reno Division

IN RE:	Case No. 15-50489
Root, Shawn Allen & Holman, Rebekah Evelyn Anne	Chapter 7
Debtor(s)	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 15,299.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 18,065.78	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	20		\$ 143,715.35	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 5,311.21
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 5,652.00
	TOTAL	36	\$ 15,299.00	\$ 161,781.13	

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United States Bankruptcy Court District of Nevada, Reno Division

IN RE:	Case No. 15-50489
Root, Shawn Allen & Holman, Rebekah Evelyn Anne	Chapter 7
Debtor(s)	•

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 5,311.21
Average Expenses (from Schedule J, Line 22)	\$ 5,652.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1	
Line 14)	\$ 4,088.92

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 6,604.78
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 143,715.35
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 150,320.13

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IN RE Root, Shawn Allen & Holman, Rebekah Evelyn Anne

Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

(Report also on Summary of Schedules)

0.00

TOTAL

Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	seiose die einid s name. See, 11 e.s.e. 31				
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.		Cash on hand	С	20.00
2.	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		US Bank checking acct#1339	С	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Household goods - furniture, electronics, knick-knacks, etc	С	1,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, pictures & other art	С	200.00
6.	Wearing apparel.		Wearing apparel	С	200.00
7.	Furs and jewelry.		Jewelry	С	1,000.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		TSA through Employer (Joint Debtor)	С	Unknown
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			
14.	Interests in partnerships or joint ventures. Itemize.	X			

_____ Case No. <u>15-50489</u>

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

				Τ.	
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.	X			
	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		1999 Ford Ranger with 200,000 miles Good condition	С	918.00
			2011 Mitsubishi Endeavor with 65,000 miles Good condition Lien of \$18,065.78	С	11,461.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
	Inventory.	X			
31.	Animals.	X			

_ Case No. **15-50489**

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. 	X X X X		H H	
		ТО	L ΓAL	15,299.00

Debtor(s)

IN RE Root, Shawn Allen & Holman, Rebekah Evelyn Anne

Case No. <u>15-504</u>89

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
HEDULE B - PERSONAL PROPERTY			
sh on hand	NRS § 21.090(1)(z)	20.00	20.0
usehold goods - furniture, electronics, ick-knacks, etc	NRS § 21.090(1)(b)	1,500.00	1,500.0
oks, pictures & other art	NRS § 21.090(1)(a)	200.00	200.0
earing apparel	NRS § 21.090(1)(b)	200.00	200.
welry	NRS § 21.090(1)(a)	1,000.00	1,000.
99 Ford Ranger with 200,000 miles od condition	NRS § 21.090(1)(f)	918.00	918.0

^{*} Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT AMOUNT OF CODEBTOR DISPUTED CREDITOR'S NAME AND MAILING ADDRESS DATE CLAIM WAS INCURRED, CLAIM WITHOUT UNSECURED NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN INCLUDING ZIP CODE AND ACCOUNT NUMBER. DEDUCTING PORTION, IF ANY VALUE OF (See Instructions Above.) COLLATERAL Installment account ACCOUNT NO. 30000108175811000 C 18,065.78 6,604.78 2011 Mitsubishi Endeavor Santander Consumer USA PO Box 961245 Fort Worth, TX 76161-0244 VALUE \$ 11.461.00 ACCOUNT NO VALUE \$ ACCOUNT NO. VALUE \$ ACCOUNT NO. VALUE \$ Subtotal 18,065.78 6,604.78 0 continuation sheets attached (Total of this page)

> (Report also on Summary of Schedules.)

18,065.78

(Use only on last page)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

6,604.78

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IN RE Root, Shawn Allen & Holman, Rebekah Evelyn Anne

Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

liste	eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.
✓	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
ΤY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.
	0 continuation sheets attached

Case No. 15-50489

Debtor(s

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT DISPUTED AMOUNT CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM W ACCOUNT NO. 5302510521 2006-11-01 Acs/jp Morgan Chase Ba 2277 E 22 oth St Long Beach, CA 90810 21,005.00 W ACCOUNT NO. 2454982 2012-06-01 Ad Astra Rec 8918 W 21st St N Ste 200 Wichita, KS 67205-1880 908.00 Assignee or other notification for: ACCOUNT NO. Ad Astra Rec Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205-9370 Н ACCOUNT NO. 2730218 2013-01-01 Ad Astra Rec 8918 W 21st St N Ste 200 Wichita, KS 67205-1880 760.00 Subtotal 19 continuation sheets attached 22,673.00 (Total of this page) (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:				
Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205-9370			Ad Astra Rec				
ACCOUNT NO. 2762444		Н		\vdash		+	
Ad Astra Rec 8918 W 21st St N Ste 200 Wichita, KS 67205-1880			2012-12-01				222.22
ACCOUNT NO.			Assignee or other notification for:			\dashv	288.00
Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205-9370			Ad Astra Rec				
ACCOUNT NO. 2166206		w				_	
Alpat Company Inc PO Box 1689 Slidell, LA 70459-1689			2010-12-01				
ACCOUNT NO. Alpat Co Inc 40070 Cane St Ste 400 Slidell, LA 70461-3757			Assignee or other notification for: Alpat Company Inc				103.00
1000 PT NO CAA227A7		w					
ACCOUNT NO. 64422747 Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625		•	2014-08-01				
		10/				\dashv	17,235.00
ACCOUNT NO. 64422745 Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625		W	2014-08-01				
Sheet no. 1 of 19 continuation sheets attached to	L			Sub	tots		5,135.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	nis p T t als tatis	age Fota o o tica	e) d n d	\$ 22,761.00

Case No. <u>15-50489</u>

Debtor(s)

(If known)

			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 39092676		w				H	
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625			2012-01-01				1,804.00
ACCOUNT NO. 67122263	\vdash	w		\vdash			1,004.00
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625	_		2014-12-01				4 630 00
ACCOUNT NO. 43402078		w				H	1,639.00
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625			2012-07-01				1 250 00
ACCOUNT NO. 67285679		w					1,350.00
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625	-		2014-12-01				4 242 22
ACCOUNT NO. 39086659		w					1,010.00
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625	_		2012-01-01				504.00
ACCOUNT NO. 48654235		w					531.00
Amcol Systems Inc PO Box 21625 Columbia, SC 29221-1625	_		2012-12-01				
							471.00
ACCOUNT NO. 2144218 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	1	W	2014-11-01				
						Ц	1,479.00
Sheet no. 2 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th		age	9)	\$ 8,284.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Case No. <u>15-50489</u>

Summary of Certain Liabilities and Related Data.) \$

(If known)

Debtor(s)

		(,	Continuation Succes					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	IINI IOI IIDATED	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Business & Professional Coll Svc					
ACCOUNT NO. 1803945 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872		W	2010-05-01	+				200 00
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Business & Professional Coll Svc	+			+	909.00
ACCOUNT NO. 1800736 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872		W	2010-04-01	+				
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Business & Professional Coll Svc					604.00
ACCOUNT NO. 2063413 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872		Н	2013-08-01	+				
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Business & Professional Coll Svc	+		+		425.00
Sheet no3 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of		pag) \$	1,938.00
			(Use only on last page of the completed Schedule F. Repethe Summary of Schedules, and if applicable, on the	ort als	so	on	ı	

Case No. **15-50489**

(If known)

Debtor(s)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1762684		w				H	
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	_		2009-10-01				249.00
ACCOUNT NO.	\vdash		Assignee or other notification for:			Н	240.00
Business & Professiona 816 S Center St Reno, NV 89501-2306	_		Business & Professional Coll Svc				
ACCOUNT NO. 2108986		W		H			
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-		2014-03-01				230.00
ACCOUNT NO.			Assignee or other notification for:	H			230.00
Business & Professiona 816 S Center St Reno, NV 89501-2306			Business & Professional Coll Svc				
ACCOUNT NO. 1984998		W					
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-		2012-09-01				
ACCOUNT NO			Assignee or other notification for:				218.00
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306	_		Business & Professional Coll Svc				
ACCOUNT NO. 1887797		w					
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872			2011-07-01				
						Ц	96.00
Sheet no. 4 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the		age)	\$ 793.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		('	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306	-		Assignee or other notification for: Business & Professional Coll Svc				
ACCOUNT NO. 2113527 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872		W	2014-04-01				70.00
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306	-		Assignee or other notification for: Business & Professional Coll Svc				70.00
ACCOUNT NO. 1884522 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-	Н	2011-06-01				
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306	-		Assignee or other notification for: Business & Professional Coll Svc				49.00
ACCOUNT NO. 2060446 Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-	Н	2013-08-01				20.00
ACCOUNT NO. Business & Professiona 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Business & Professional Coll Svc				38.00
Sheet no 5 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als	age Fota o o tica	e) al n al	\$ 157.00

Case No. **15-50489**

(If known)

Debtor(s)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2051521		н				H	
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	_		2013-06-01				33.00
ACCOUNT NO.	┢		Assignee or other notification for:			Н	00.00
Business & Professiona 816 S Center St Reno, NV 89501-2306	_		Business & Professional Coll Svc				
ACCOUNT NO. 1953825		w					
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-		2012-04-01				32.00
ACCOUNT NO.			Assignee or other notification for:				32.00
Business & Professiona 816 S Center St Reno, NV 89501-2306			Business & Professional Coll Svc				
ACCOUNT NO. 1985012		w					
Business & Professional Coll Svc PO Box 872 Reno, NV 89504-0872	-		2012-09-01				
ACCOUNT NO.			Assignee or other notification for:			Н	27.00
Business & Professiona 816 S Center St Reno, NV 89501-2306	_		Business & Professional Coll Svc				
ACCOUNT NO. 5178057670553853		w					
Capital One Attn: Bankruptcy PO Box 30285			2014-08-01				
Salt Lake City, UT 84130-0285							394.00
Sheet no6 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	_	age)	\$ 486.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:				
Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119			Capital One				
ACCOUNT NO. 5178059152993888	\vdash	Н					
Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285			2014-08-01				392.00
ACCOUNT NO.	T		Assignee or other notification for:				
Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119			Capital One				
ACCOUNT NO.		С					
Cash 1, LLC 5890 S Virginia St Ste 1 Reno, NV 89502-6004							·
ACCOUNT NO.		С					Unknown
Cash Factory 6965 S Rainbow Blvd Las Vegas, NV 89118-3279							l
ACCOUNT NO.	\vdash	С				\Box	Unknown
Check City 10590 N McCarran Blvd Reno, NV 89503-1873							
1000VNTNO 9454260000077000	\vdash	w					Unknown
ACCOUNT NO. 8151260000677602 Collection Service/Nev Attn:Bankruptcy 777 Forest St Reno, NV 89509-1711		VV	2014-03-01				
							435.00
Sheet no 7 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	Sub is p			\$ 827.00
			(Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	als atis	tica	n al	\$

Case No. <u>15-50489</u>

(If known)

Debtor(s)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:				
Collection Service/Nev 777 Forest St Reno, NV 89509-1711			Collection Service/Nev				
ACCOUNT NO. 2141360000648680		w					
Collection Service/Nev Attn:Bankruptcy 777 Forest St Reno, NV 89509-1711			2013-08-01				279.00
ACCOUNT NO.			Assignee or other notification for:				
Collection Service/Nev 777 Forest St Reno, NV 89509-1711			Collection Service/Nev				
ACCOUNT NO. 5010960000483128		w					
Collection Service/Nev Attn:Bankruptcy 777 Forest St Reno, NV 89509-1711			2010-08-01				260.00
ACCOUNT NO. Collection Service/Nev 777 Forest St Reno, NV 89509-1711			Assignee or other notification for: Collection Service/Nev				200.00
ACCOUNT NO. 4250960000461203		w					
Collection Service/Nev Attn:Bankruptcy 777 Forest St Reno, NV 89509-1711			2010-05-01				139.00
ACCOUNT NO.			Assignee or other notification for:			H	133.00
Collection Service/Nev 777 Forest St Reno, NV 89509-1711			Collection Service/Nev				
Sheet no8 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Sub			s 678.00
2 3. S. C. Carloto T. S. Lang Consecuted 1 von priority Claims			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	T t als tatis	Γota o o tica	al n al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 54941001		w				Н	
Credit Management Lp 4200 International Pkwy Carrollton, TX 75007-1912			2013-10-01				26.00
ACCOUNT NO.		С		t			
Credit One Bank PO Box 98872 Las Vegas, NV 89193-8872							998.35
ACCOUNT NO. 97147497541E01320110428	<u> </u>	w		+			990.33
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635	_		2011-04-01				
ACCOUNT NO. 97147497541E01620130819		w		\vdash		Н	10,847.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		•	2013-08-01				
ACCOUNT NO. 97147497541E01520130228		w				Н	8,121.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2013-02-01				0.050.00
ACCOUNT NO. 97147497541E00520090121		w		╁		Н	6,352.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635	_		2009-01-01				
ACCOUNT NO. 074 47407544 E00020004 020	\vdash	w		\vdash	_	Н	6,246.00
ACCOUNT NO. 97147497541E00920091029 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		VV	2009-10-01				4.0
Sheet no. 9 of 19 continuation sheets attached to	L			 Sub	tot		4,943.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	is p t als tatis	age Fota so o stica	e) al n al	\$ 37,533.35

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		- (Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 97147497541E01420120924		w		П			
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2012-09-01				4,669.00
ACCOUNT NO. 97147497541E01120101129		w		H		\exists	.,000.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2010-11-01				4,637.00
ACCOUNT NO. 97147497541E01220110428	+	w		H			4,037.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2011-04-01				4,112.00
ACCOUNT NO. 97147497541E00420090121	T	w		H		\dashv	.,
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2009-01-01				3,242.00
ACCOUNT NO. 97147497541E00820091029 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		w	2009-10-01				
	-	w		H		_	2,846.00
ACCOUNT NO. 97147497541E01020101129 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		VV	2010-11-01				
							2,827.00
ACCOUNT NO. 97147497541E00220080626 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		w	2008-06-01				
Short no. 10 of 10 continued to the state of					451		1,893.00
Sheet no10 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the S	T alstatis	age Fota o oi tica	e) nl nl	\$ 24,226.00
			Summary of Certain Liabilities and Relate	αD	ata.) [\$

Case No. <u>15-50489</u>

(If known)

Debtor(s)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 97147497541E00620090616		w				П	
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635			2009-06-01				1 442 00
1 CCC 17 TO 17 4 7 40 7 5 44 5 004 20000000	┝	w					1,442.00
ACCOUNT NO. 97147497541E00120080626 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		VV	2008-06-01				1 422 00
ACCOUNT NO. 97147497541E00720090616		w		H		Н	1,433.00
Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635	_		2009-06-01				4 227 22
A GOOLDWIN 10 074 47 4075 44 500220000724		w					1,037.00
ACCOUNT NO. 97147497541E00320080721 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635		, vv	2008-07-01				
LOGGLUTTIVO		С					756.00
ACCOUNT NO. Discount Title Loan 691 E Moana Ln Reno, NV 89502-4721	-						
LOGOVINE NO		С					Unknown
ACCOUNT NO. Discount Title Loan 691 E Moana Ln Reno, NV 89502-4721							
							Unknown
ACCOUNT NO.		С					
Dollar Loan Center 6122 W Sahara Ave Las Vegas, NV 89146-3051							
Sheet no. 11 of 19 continuation sheets attached to				L Sub	tota	ıl	Unknown
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	is p T als atis	age Fota o o tica	e) al n al	\$ 4,668.00 \$

Case No. **15-50489**

Debtor(s)

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 661381		Н		+			
Dolr Ln Cent Attention; Bankruptcy 901 W 10th St Sioux Falls, SD 57104-3519			2010-08-03				43.00
ACCOUNT NO.	T		Assignee or other notification for:				
Dolr Ln Cent 6122 W Sahara Ave Las Vegas, NV 89146-3051			Doir Ln Cent				
ACCOUNT NO. 31648107	╁	w		+		Н	
Financial Corporation of America Attn: Bankruptcy PO Box 203500 Austin, TX 78720-3500			2014-10-01				1,425.00
ACCOUNT NO.			Assignee or other notification for:	\dagger			1,12000
Fncl Corp of America 12515 Research Blvd # S-10 Austin, TX 78759-2228			Financial Corporation of America				
ACCOUNT NO.	\vdash	С				Н	
First National Collection Bureau, Inc 610 Waltham Way Sparks, NV 89434-6695							
ACCOUNT NO. 5178007630811073	┝	w		+		Н	0.00
First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824	1		2007-01-01				
F1000000000000000000000000000000000000	\vdash	14.				H	513.00
ACCOUNT NO. 5433628769008248 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824		W	2006-06-01				
Sheet no. 12 of 19 continuation sheets attached to				<u> </u>			297.00
Sheet no. 12 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub his p		- 1	\$ 2,278.00
			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	t als Statis	stic	n al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		('	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 007009156		w				H	
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958	_		2009-12-01				961.00
ACCOUNT NO.	T		Assignee or other notification for:				
Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Grant & Weber				
ACCOUNT NO. 008659642		w					
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958			2011-12-01				829.00
ACCOUNT NO.			Assignee or other notification for:				
Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Grant & Weber				
ACCOUNT NO. 006817298 Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958		W	2009-09-01				744.00
	┝		Accience or other notification for	\vdash		Н	711.00
ACCOUNT NO. Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Assignee or other notification for: Grant & Weber				
ACCOUNT NO. 008718914	\vdash	w				H	
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958			2012-01-01				
Sheet no. 13 of 19 continuation sheets attached to			(Total of the	Sub			\$ 2,876.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	T t als tatis	Γota o o tica	al n	\$ 2,876.00

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:	\vdash			
Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Grant & Weber				
ACCOUNT NO. 006950780		w					
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958			2009-11-01				287.00
ACCOUNT NO.	\vdash		Assignee or other notification for:	T			201.00
Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Grant & Weber				
ACCOUNT NO. 007009141		w					
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958			2009-12-01				108.00
ACCOUNT NO. Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Assignee or other notification for: Grant & Weber				100.00
ACCOUNT NO. 006950911		w					
Grant & Weber Attn: Bankruptcy 26575 Agoura Rd Calabasas, CA 91302-1958			2009-11-01				95.00
ACCOUNT NO.			Assignee or other notification for:				33.30
Grant & Weber 861 Coronado Center Dr Henderson, NV 89052-3992			Grant & Weber				
Sheet no14 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub nis p			\$ 490.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Debtor(s)

Case No. **15-50489**

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1878468	\vdash	w				H	
Hospital Collection Sv PO Box 872 Reno, NV 89504-0872			2009-02-01				821.00
ACCOLINIT NO			Assignee or other notification for:	\vdash		H	021.00
ACCOUNT NO. Hospital Collection Sv 816 S Center St Reno, NV 89501-2306	_		Hospital Collection Sv				
ACCOUNT NO. 2077998		w		H			
Hospital Collection Sv PO Box 872 Reno, NV 89504-0872	-		2014-02-01				643.00
ACCOUNT NO.			Assignee or other notification for:				043.00
Hospital Collection Sv 816 S Center St Reno, NV 89501-2306			Hospital Collection Sv				
ACCOUNT NO. 1878479		w					
Hospital Collection Sv PO Box 872 Reno, NV 89504-0872	_		2009-02-01				
	┝		Accience or other notification for	\vdash		Н	536.00
ACCOUNT NO. Hospital Collection Sv 816 S Center St Reno, NV 89501-2306			Assignee or other notification for: Hospital Collection Sv				
ACCOUNT NO. 1978274		w		\vdash		H	
Hospital Collection Sv PO Box 872 Reno, NV 89504-0872	-		2011-09-01				
15 6 10						Ц	81.00
Sheet no. 15 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Sub iis p			\$ 2,081.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	┢		Assignee or other notification for:	\vdash		H	
Hospital Collection Sv 816 S Center St Reno, NV 89501-2306			Hospital Collection Sv				
ACCOUNT NO. 1978255	H	w		\vdash		H	
Hospital Collection Sv PO Box 872 Reno, NV 89504-0872	-		2011-09-01				81.00
ACCOUNT NO.	┢		Assignee or other notification for:			H	01.00
Hospital Collection Sv 816 S Center St Reno, NV 89501-2306	_		Hospital Collection Sv				
ACCOUNT NO. 4447962128189283		w					
Lvnv Funding LLC PO Box 10497 Greenville, SC 29603-0497			2009-08-01				000.00
ACCOUNT NO. 8550599108		w					998.00
Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123-2255	_		2012-05-01				
A GOOLINET NO	-	С				H	890.00
ACCOUNT NO. Money Tree 2905 Clear Acre Ln Reno, NV 89512-1747	_						
		<u> </u>					Unknown
ACCOUNT NO. 1969652 National Business Fact 969 Mica Dr Carson City, NV 89705-7170		W	2014-02-01				
							1,090.00
Sheet no16 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th		age	9)	\$ 3,059.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

Case No. <u>15-50489</u>

(If known)

Debtor(s)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1969609		w		H			
National Business Fact 969 Mica Dr Carson City, NV 89705-7170			2014-02-01				903.00
ACCOUNT NO. 1969566		w		H		\dashv	903.00
National Business Fact 969 Mica Dr Carson City, NV 89705-7170			2014-02-01				942.00
ACCOUNT NO. 1969695		w		Н		\dashv	843.00
National Business Fact 969 Mica Dr Carson City, NV 89705-7170		•••	2014-02-01				576.00
ACCOUNT NO. 1993588		w		Н			370.00
National Business Fact 969 Mica Dr Carson City, NV 89705-7170			2014-04-01				
ACCOUNT NO. 1475443		w					366.00
National Business Fact 969 Mica Dr Carson City, NV 89705-7170		•••	2010-06-01				00.00
ACCOUNT NO. 1642835		w		H		Н	22.00
National Business Fact 969 Mica Dr Carson City, NV 89705-7170		•••	2011-07-01				
				Ц			15.00
ACCOUNT NO. 1738535		W	2012-04-01				
National Business Fact 969 Mica Dr Carson City, NV 89705-7170							
							9.00
Sheet no. 17 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the			;)	\$ 2,734.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	o o tica	n al	\$

Case No. <u>15-50489</u>

(If known)

Debtor(s)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		С					
Nevada Title Loan 961 S Virginia St Reno, NV 89502-2415							Unknown
ACCOUNT NO.	╁	С		\vdash			OHRHOWH
Paycheck Advance 155 Lemmon Dr # 103 Reno, NV 89506-9302							Unknown
ACCOUNT NO. 4654222	╁	w	Judgment Carson City Justince Court	\vdash			Olikilowii
Professional Finance C 5754 W 11th St Ste 100 Greeley, CO 80634-4811			10CV018781C 2014-06-01				0.477.00
ACCOUNT NO.		С					3,475.00
Rapid Cash 690 E Prater Way Sparks, NV 89431-4680							
ACCOUNT NO.		С					Unknown
Rex A Adams 6630 S McCarran Blvd # C206 Reno, NV 89509-6138							
ACCOUNT NO	-	С					15.00
ACCOUNT NO. Saint Mary's Regional Medical Center 1801 W Olympic Blvd # 1467 Pasadena, CA 91199-0001							
							139.00
ACCOUNT NO. 12235207	-	Н	2010-05-01				
U S Dept of Ed/GsI/AtI PO Box 4222 Iowa City, IA 52244-4222							
							1,009.00
Sheet no18 of19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	7	age Fota	e) al	\$ 4,638.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	tatis	tic	al	\$

Case No. <u>15-50489</u>

Debtor(s)

(If known)

		- (1	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 12230641		Н		H			
U S Dept of Ed/GsI/Atl PO Box 4222 Iowa City, IA 52244-4222		••	2010-05-01				
							535.00
ACCOUNT NO.							
ACCOUNT NO.							
A GGGV DVT VG							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. 19 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	_		(Total of th		age	;)	\$ 535.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Relate	also atist	tica	n ıl	\$ 143,715.35

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Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H)(1207) 15-50489-btb Doc 19 Entered 04/23/15 20:55:27 Page 31 of 40

IN RE Root, Shawn Allen & Holman, Rebekah Evelyn Anne

Case No. 15-50489

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

					•
Fill in this information to identify	your case:				
Debtor 1 Shawn Allen Root First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) Rebekah Evelyn J	Anne Holman Middle Name	Last Name			
United States Bankruptcy Court for the:	District of Nevada, Reno Divis	sion			
Case number 15-50489 (If known)		-		Check if the	
				<u> </u>	ended filing plement showing post-petition
					er 13 income as of the following date:
Official Form 6I				MM / D	D / YYYY
Schedule I: You	ır Income				12/13
supplying correct information. If y	ou are married and not f use is not filing with you e top of any additional pa	iling jointly, and yo , do not include inf	ur spo ormat	ouse is living with your spou	or 2), both are equally responsible for ou, include information about your spouse use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed □ Not employ	ed		✓ Employed☐ Not employed
Include part-time, seasonal, or self-employed work.	On a second them	Courier (1099	. Posi	tion)	See Schedule Attached
Occupation may Include student or homemaker, if it applies.	Occupation	<u> </u>	1 00.		
	Employer's name	Outrack			
	Employer's address	45 Vista Blvd S	Ste 10	11	
		Number Street			Number Street
		Sparks, NV 8	9434-	6615	
		City	State	e ZIP Code	City State ZIP Code
	How long employed th	ere?			
Part 2: Give Details Abou	t Monthly Income				
Estimate monthly income as of spouse unless you are separated		rm. If you have noth	ing to	report for any line, wr	rite \$0 in the space. Include your non-filing
If you or your non-filing spouse h below. If you need more space, a			ormatio	on for all employers fo	or that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly			2.	\$2,166.00 _	\$3,268.9 <u>2</u>
3. Estimate and list monthly ove	rtime pay.		3.	+\$0.00	+ \$0.00

Official Form 6l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

4. \$<u>2,166.00</u>

\$<u>3,268.92</u>

Debtor 1

Shawn Allen Root
First Name Middle Name

Last Name

Case number (if known) 15-50489

		For	Debtor 1		ebtor 2 or ling spouse	
Copy line 4 here	4.	\$	2,166.00	\$	3,268.92	
List all payroll deductions:						
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	180.25	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
5e. Insurance	5e.	\$	0.00	\$	0.00	
5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
5g. Union dues	5g.	\$	0.00	\$	0.00	
5h. Other deductions. Specify: See Schedule Attached	5h.	+\$	0.00	+ \$	763.46	
Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00	\$	943.71	
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,166.00	\$	2,325.21	
List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	120.00	
8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	-				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
8e. Social Security	8e.	\$	0.00	\$	0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$	0.00	
, ,		_		_		
8g. Pension or retirement income	8g.	\$	0.00	\$	0.00	
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	0.00	
Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	120.00	
Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,166.00	\$	2,445.21	= \$ 4,611.2
State all other regular contributions to the expenses that you list in Scheolnclude contributions from an unmarried partner, members of your household, yother friends or relatives.			ents, your roon	nmates, a	nd	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	to pay expens	ses listed	in <i>Schedule J</i> .	
Specify: Rent from Roommates					11.	+ \$700.0
Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Co				•		\$_5,311.21
Do you expect an increase or decrease within the year after you file this f	orm?	,				monthly incom
□ No						

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IN RE Root, Shawn Allen & Holman, Rebekah Evelyn Anne

_ Case No. <u>15-50489</u>

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

EMPLOYMENT: DEBTOR

SPOUSE

Occupation

Name of Employer

The Rebekah Chase Band

How long employed Address of Employer

Occupation

Name of Employer How long employed

Address of Employer

Teacher

WASHOE COUNTY SCHOOL DISTRICT

6 years

PO Box 30425

Reno, NV 89520-3425

	DEBTOR	SPOUSE
Other Payroll Deductions:		
American Fidelity/Can	0.00	20.76
American Fidelity/Dis	0.00	32.56
Life	0.00	7.50
Washoe Educ Assoc	0.00	59.14
TSA	0.00	643.50

Fill in this information to identify your case:			
Debtor 1 Shawn Allen Root			
First Name Middle Name Last Name	Check if this is:		
Debtor 2 Rebekah Evelyn Anne Holman (Spouse, if filing) First Name Middle Name Last Name	An amended	-	notition chapter 12
United States Bankruptcy Court for the: District of Nevada, Reno Division		of the following	petition chapter 13 date:
Case number	MM / DD / YY	YY	
(If known)			because Debtor 2
Official Form 6J	maintains a	separate househ	nold
Schedule J: Your Expenses			12/13
Be as complete and accurate as possible. If two married people are filling information. If more space is needed, attach another sheet to this form. (if known). Answer every question.			_
Part 1: Describe Your Household			
1. Is this a joint case?			
No. Go to line 2. Yes. Does Debtor 2 live in a separate household?			
✓ No			
Yes. Debtor 2 must file a separate Schedule J.		::	
2. Do you have dependents?	Dependent's relationship to	De pendent's	Does dependent live
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.	Daughter	15	No Yes
	Son	6	No Yes
			No No
			Yes
			□ No
			☐ Yes
			☐ No
			□ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
	a using this form as a supplement	in a Chantar 12 a	acata rapart
Estimate your expenses as of your bankruptcy filing date unless you are expenses as of a date after the bankruptcy is filed. If this is a supplement applicable date.	=		
Include expenses paid for with non-cash government assistance if you	know the value of		
such assistance and have included it on Schedule I: Your Income (Office	•	Your exper	nses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	first mortgage payments and 4.	\$1,19 <u>\$</u>	5.00
If not included in line 4:			
4a. Real estate taxes	48	*	
4b. Property, homeowner's, or renter's insurance	41	o. \$ <u>50.</u>	00
4c. Home maintenance, repair, and upkeep expenses	40	s. \$ <u>0.0</u>	00
4d. Homeowner's association or condominium dues	40	d. \$ 0. 0	00

Debtor 1

Shawn Allen Root
First Name Middle Name Last Name

Case number (if known) 15-50489

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$240.00
6b. Water, sewer, garbage collection	6b.	\$100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$610.00
6d. Other. Specify:	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$1,500.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$250.00
Personal care products and services	10.	\$150.00
Medical and dental expenses	11.	\$250.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$450.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$175.00
4. Charitable contributions and religious donations	14.	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$
15c. Vehicle insurance	15c.	\$187.00
15d. Other insurance. Specify:	15d.	\$
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Taxes on Debtor's 1099 Income	16.	\$400.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$
17b. Car payments for Vehicle 2	17b.	\$
17c. Other. Specify:	17c.	\$
17d. Other. Specify:	17d.	\$
 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 	18.	\$
9. Other payments you make to support others who do not live with you.		\$
Specify:	19.	
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc	come.	
20a. Mortgages on other property	20 a.	\$
20b. Real estate taxes	20b.	\$
20c. Property, homeowner's, or renter's insurance	20c.	\$
20d. Maintenance, repair, and upkeep expenses	20d.	\$
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1	Shawn A First Name	Middle Name	Last Name	Case number (if kr	nown) 15-	50489	
21. Oth	ner. Specify: <u>See</u>	Schedule Atta	ached		21.	+\$	95.00
	ur monthly expen		through 21.		22.	\$	5,652.00
23. Calc	ulate your month	nly net income.					
23a.	Copy line 12 (yo	our combined mo	nthly income) from Schedule I.		23a.	\$	5,311.21
23b.	Copy your mont	hly expenses fro	m line 22 above.		23b.	-\$	5,652.00
23c.	•	onthly expenses ur <i>monthly net ind</i>	from your monthly income. come.		23c.	\$	-340.79
For e	example, do you e gage payment to i	expect to finish pa	ase in your expenses within the aying for your car loan within the yease because of a modification to	ear or do you expect your			
Q (

7 Page 38 of 40					
Case No. 15-50489					
SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Continuation Sheet - Page 1 of 1					

Other Expenses (DEBTOR)
Auto Registration
Pet Care
35.00
60.00

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United States Bankruptcy Court District of Nevada, Reno Division

IN RE:	Case No. <u>15-50489</u>			
Root, Shawn Allen & Holman, Rebekah Evelyn Anne	Chapter 7			
Debtor(s)				
BUSINESS INCOME AND EXPENSE	ES			
FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY INCLUDoperation.)	E information directl	y related to the	he business	
PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:				
1. Gross Income For 12 Months Prior to Filing:	\$			
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:				
2. Gross Monthly Income:		\$	120.00	
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:				
3. Net Employee Payroll (Other Than Debtor)	\$			
4. Payroll Taxes	\$			
5. Unemployment Taxes	\$			
6. Worker's Compensation	\$			
7. Other Taxes	\$			
8. Inventory Purchases (Including raw materials)	\$			
9. Purchase of Feed/Fertilizer/Seed/Spray	\$			
10. Rent (Other than debtor's principal residence)	\$			
11. Utilities	\$			
12. Office Expenses and Supplies	\$			
13. Repairs and Maintenance	\$			
14. Vehicle Expenses	\$			
15. Travel and Entertainment	\$			
16. Equipment Rental and Leases	\$			
17. Legal/Accounting/Other Professional Fees	\$			
18. Insurance	5			
19. Employee Benefits (e.g., pension, medical, etc.)20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition	5			
Business Debts (Specify):	\$			
21. Other (Specify):	\$			
22. Total Monthly Expenses (Add items 3-21)		\$		
PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME				
23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)		\$	120.00	

Case No. 15-50489

Debtor(s)

(If known)

(Print or type name of individual signing on behalf of debtor)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **38** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Signature: /s/ Shawn Root Date: **April 22, 2015 Shawn Root** Signature: /s/ Rebekah Evelyn Anne Holman Date: April 22, 2015 (Joint Debtor, if any) Rebekah Evelyn Anne Holman [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of ______ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature: _

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]